CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2.a. NAME OF CANDI	DATE OR COMMITTEE	·	
1-16-10-6-30-10		E E. RICK	5 SR.	
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	••
			NOVEMBER	4, 2008
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City	State	Zip Code	Phone
6/1 N. HIGHLAND PARK AVE			37404 (42	
4.b. CANDIDATE'S HOME ADDRESS (if different	than 4.a.)			
Street or Rural Route	City	State	Zip Code	Phone
OFFICE SOUGHT (include district number, if a		NAME OF POLITICAL 1		•
HAMELTON COUNTY SCHOOL BO	ARD DISTRIAT	CHARLES	GREENE	E SR
7. CATEGORY OR REPORT (Check one)				
FIRST SECOND THRD		PRE-	MID-YEAR	YEAR-END
QUARTER QUARTER QUARTER 8.a. BEGINNING DATE OF REPORTING PERIOD		IMARY GENERAL D. ENDING DATE OF REPO	SUPPLEMENTAL RTING PERIOD	SUPPLEMENTAL
		•		
9. (Check one)	<u></u>			
 a. This campaign is exempt from detailed tures total \$1,000 or less for this report 	disclosure because co	intributions (including in-kir	nd) received total \$1,000	or less AND expendi-
		·		
 b. This campaign is required to file a deta and/or expenditures total more than \$1 	iled financial disclosure ,000 for this reporting p	e because contributions (in period.	cluding in-kind) received	d total more than \$1,000
10. I/we do solemnly swear or affirm that the infi				··
accurate accounting of campaign contribution	is and expenditures red	quired to be reported by the	e candidate committee t	y the Campaign
Financial Disclosure Act. Additionally, I/we sibenefit of the candidate or for any other nonp	wear or affirm that no c	ampaign contributions_hav	e been expended for th	e personal financial
0 0	onicai purpose as den	fied by the lederar internal	tevenue code.	
Deorge L. Kicks Sr.	7/13/11	Chill.	Van X	7/15/10
signature of candidate	date	signature o	f political treasurer	- date
11. WITNESS SIGNATURE	-		1 10	
Mario I Per	11.71.	Thans		7/13/10
	1/2/10	11000	4.000	- 1/10/10
signature of witness	date	signal	ure of witness	date
12. SUMMARY		-	2112 6	
a. BALANCE ON HAND LAST REPORT			\$ <u>343.59</u>	•
			0	
b. TOTAL RECEIPTS THIS PERIOD			.\$	
c. TOTAL DISBURSEMENTS THIS PERIOD			.\$	
d. BALANCE ON HAND (12.a, plus 12.b, mi	nus 12.c.)		\$	343.59
e. TOTAL LOANS OUTSTANDING			\$	<u> </u>
	8:3 0			
f. TOTAL OBLIGATIONS OUTSTANDING	a na a na na ana an an an an an an an an	1115 m.)	\$	
	107183174 1011 132	n::10		
	가는 보다 [일] 	Ç.		

SUMMARY PAGE - CANDIDATE

42. NAME OF CANDIDATE OF COMMITTEE (In Fulls	·
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD FROM: 1-16-10 TO: 6-30-10
RECEIPTS	,,0,0
15. CONTRIBUTIONS (other than loans and interest)	()
a. Unitemized Contributions (\$100 or less from each source this period)	\$
b. Itemized Contributions (over \$100 from each source this period)	\$
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s <u>O</u>
16. LOANS RECEIVED THIS REPORTING PERIOD	<u> </u>
17. INTEREST RECEIVED THIS REPORTING PERIOD	ss
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	s <u> </u>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	.g., printing, postage, gasoline)
s 0	g, promis, promis,
<u> </u>	
- /)	
<u> </u>	**
\$ <u>(</u>	
* <u>U</u>	<u> </u>
s <u>O</u>	<u> </u>
<u> </u>	
	
T. 1. (5	
Total of Expenditures (\$100 or less each payee)	\$
b. Itemized Expenditures (Over \$100 each payee this period)	\$
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	s
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	s
22.IN-KIND CONTRIBUTIONS	·
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$
b. Itemized in-kind contributions (over \$100 from each source this period)	s
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b	.)s <u>O</u>
23. OBLIGATIONS	. 3
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	. 1
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item	1 12.f.)

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

	2. REPORT COVER	RING THE PERIOD				
	TO: 6-30-70					
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT			<u> </u>			
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZ	ZED CONTRIBUTION (contributions totaling more than \$	100 from any contributor)	
First Name	Middle Nam	e	Contribution Received For:	Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election		
Address			Runoff (Local Election			
City	State	Zip Code	Date of Contribution	Date of Contribution		
Occupation]			
Employer	·		1			
First Name	Middle Nam	ne	Contribution Received For	· · · · · · · · · · · · · · · · · · ·	Amount of Contribution	
Last Name/Organization Name	<u> </u>		Primary Election	General Election		
Address	 -	 	Runoff (Local Election	ns Only)		
City	State Zip Code				Aggregate This Election	
Occupation	<u></u>	-				
Employer	<u> </u>	-				
First Name	Middle Nam		Contribution Received For		Amount of Contribution	
First Name	Middle Nam	e -	Contribution Received For	· 	Amount of Contribution	
First Name Last Name/Organization Name	Middle Nam	e	Contribution Received For	: General Election	Amount of Contribution	
	Middle Nam	e		General Election	Amount of Contribution	
Last Name/Organization Name	Middle Nam	e Zip Code	Primary Election [General Election	Amount of Contribution Aggregate This Election	
Last Name/Organization Name Address			☐ Primary Election [☐ Runoff (Local Election	General Election		
Last Name/Organization Name Address Crty			☐ Primary Election [☐ Runoff (Local Election	General Election		
Last Name/Organization Name Address City Occupation		Zip Code	☐ Primary Election [☐ Runoff (Local Election	General Election		
Last Name/Organization Name Address City Occupation Employer	State	Zip Code	☐ Primary Election ☐ Runoff (Local Election Date of Contribution Contribution Received For:	General Election	Aggregate This Election	
Last Name/Organization Name Address City Occupation Employer First Name	State	Zip Code	☐ Primary Election ☐ Runoff (Local Election Date of Contribution Contribution Received For:	General Election General Election	Aggregate This Election	
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name	State	Zip Code	☐ Primary Election ☐ ☐ Runoff (Local Election Date of Contribution Contribution Received For: ☐ Primary Election ☐	General Election General Election	Aggregate This Election	
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address	State Middle Nam	Zip Code	☐ Primary Election ☐ ☐ Runoff (Local Election Date of Contribution Contribution Received For: ☐ Primary Election ☐ ☐ Runoff (Local Election	General Election General Election	Aggregate This Election Amount of Contribution	
Last Name/Organization Name Address City Occupation Employer First Name Last Name/Organization Name Address City	State Middle Nam	Zip Code	☐ Primary Election ☐ ☐ Runoff (Local Election Date of Contribution Contribution Received For: ☐ Primary Election ☐ ☐ Runoff (Local Election	General Election General Election	Aggregate This Election Amount of Contribution	

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE	OR COMMITTEE					RING THE PERIOD			
					FROM:	TO:			
3. TOTAL ITEMIZED IN-KI	ND CONTRIBUTION	NS FROM	PRECEDING PAC	GE (enter \$0 if first itemized page)		Amount			
				RIBUTION (in-kind contributions totaling mo	ore than \$100 from any cr	ontributor during the period)			
First Name Middle Name			In-Kind Contribution Received	For:	Value of In-Kind Contribution				
Last Name/Organization Name		·		Runoff (Local Elections					
Address	····			Date of In-Kind Contribution	Aggregate this Election				
City	ty Starte Zip Code		Description of In-Kind Contribution		<u></u>				
Occupation	Employer	I							
First Name		Middle Na	ame	In-Kind Contribution Received		Value of In-Kind Contribution			
Last Name/Organization Name	,			Runoff (Local Elections	Primary Election General Election				
Address			-···	Date of In-Kind Contribution		Aggregate this Election			
City	<u> </u>	State	Zip Code	Description of In-Kind Contribution	Description of In-Kind Contribution				
Occupation	Employer								
First Name	First Name Middle Name Last Name/Organization Name Address				In-Kind Contribution Received For:				
Last Name/Organization Name					☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)				
Address				Date of In-Kind Contribution					
City		State	Zip Code	Description of In-Kind Contribution	<u> </u>				
Occupation	Employer	<u> </u>							
First Name		Middle Na	ame	In-Kind Contribution Received		Value of In-Kind Contribution			
Last Name/Organization Name		<u> </u>	<u>.</u>	Primary Election					
Address			·	Date of In-Kind Contribution	L_I Runoff (Local Elections Cally) Date of In-Kind Contribution				
City		State	Zip Code	Description of In-Kind Contribution		<u> </u>			
Occupation	Employer			_					
First Name	7	Middle Nar	ne	In-Kind Contribution Received	For:	Value of In-Kind Contribution			
Last Name/Organization Name		<u> </u>			General Election				
Address				Date of In-Kind Contribution	Only)	Aggregate this Election			
City		Starte	Zip Code	Description of In-Kind Contribution	***	<u> </u>			
Occupation	Employer	l							
5. TOTAL ITEMIZED IN-K	IND CONTRIBUTIO	NS	<u>.</u>		- <u>-</u>	<u> </u>			
(Carry forward to item 3. of ne) (If this is the last page of in-kin	rt page if additional pages of dicontributions, this amour	of this form : nt must be s	are used.) hown in item 22b, of sum	mary.)					
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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD			
.,.,.				FROM:	TO;			
3. TOTAL ITEMIZED CAMPAIGN EXPENDI		Amount						
4. COMPLETE THE APPROPRIATE ITEMS FOR								
) to any payee duri	ng the period)			
First Name Middle Name			Purpose of Expenditure	Purpose of Expenditure				
Last Name/Business Name	<u></u> !.							
		· · · · · · · · · · · · · · · · · · ·						
Address								
City	State	Zip Code	_	†				
First Name	Middle Na	ıne	Purpose of Expenditure		Amount of Expenditure			
		·						
Last Name/Business Name								
Address								
City	State	Zip Code						
First Name	Middle Na	ame	Purpose of Expenditure	•	Amount of Expenditure			
Last Name/Business Name								
Address								
	To:							
City	State	Zip Code						
-	-							
First Name Middle Name			Purpose of Expenditure	Purpose of Expenditure				
Last Name/Business Name	_1	·	-					
Address								
City	State	Zip Code						
		1						
First Name	Blister Blo							
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name								
Address								
Address								
City	State	Zip Code						
		<u> </u>						
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure			
Last Name/Business Name	<u> </u>	· <u></u>						
Address								
City	State	Zip Code	 [
	Viale	210 0006						
5. TOTAL ITEMIZED EXPENDITURES								
Carry forward to item 3, of next page if additional page	es of this form	are used)						
(If this is the last page of expenditures, this amount in	ust be shown r	n item 19b. of summary.)	<u> </u>					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE						2. F		OVER	NG THE PERIOD TO:	
3. COMPLETE THE APPROPRIA	TE ITEMS F	OR EACH IT	ГЕМІЙ	ED LOAN (oans totaling n	nore than \$100) from any source (during the per	iod)	
Complete the Following for the Source									_	
First Name	Middle Name Outstanding			Outstanding L (Beginning o				anding Loan Balance (End of Period)		
Last Name/Organization Name										
Address Loan Received						Date of Loa	n			
City	State	Zip Code		☐ Primary Election ☐ General Elect ☐ Runoff (Local Elections Only)			l Election			
	List All Endo	sers or Guara	ntors fo	or Above Loai	n (If more spa	ce is neede	d please attach :	a page)		
First Name		Middle Name			First Name		·		Middle	Name
Last Name/Organization Name		ı			Last Name/Or	ganization Nar	me		L	·
Address					Address					
City		State	Zip Co	ode	City		· <u> </u>		State	Zip Code
Amount Guaranteed Outstanding		L	I		Amount Guara	nteed Outstan	ding		<u></u>	
First Name Middle Name				First Name Middle Name					Name	
Last Name/Organization Name				Last Name/Organization Name						
Address					Address					
City	City State Zip Code			ode	City		·	•	State	Zip Code
Amount Guaranteed Outstanding					Arnount Guara	nteed Outstan	ding		<u> </u>	
First Name		Middle Name			First Name				Middle	Name
Last Name/Organization Name		<u> </u>	•		Last Name/Organization Name					
Address					Address					
City	7. T.V.	State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding			*		Amount Guaranteed Outstanding					
First Name	First Name Middle Name				First Name Middle Name					Name
_ast Name/Organization Name			Last Name/Organization Name							
Address				Address						
City		State	Zip Co	xie	City		- "		State	Zip Code
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					I
4. Totals for all Loans (complete on last page of itemized loans) (Total loans received should also be shown in item 16, on summary page.) (Total loan payments should also be shown in item 20, on summary page.) (Total outstanding loan balance should also be shown in item 12,e. on front page.)				Outstanding L (Beginning		Loans Received	Loa Paym		Outstanding Loan Balance (End of Period)	

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
				FROM:	TO:	
COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person.)	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Nar	те			<u></u>	
Last Name/Business Name	<u>L</u>					'
Address						
City	State Zip Code					
Description of Obligation		<u>L</u>				
First Name	Middle Nar	ne		"		
Last Name/Business Name						
Address		•				
City	State	Zip Code	-			
Description of Obligation	·	_	1	<u> </u>		<u> </u>
					<u>.</u> .	_
First Name	Middle Nar	πe				
Last Name/Business Name			_			
Address	ress					
City	State	Zip Code	7			
Description of Obligation						· <u>-</u>
Clark No.		-				
First Name	Middle Nar	ne				
Last Name/Business Name						
Address			7			į
City	State	Zip Code	7			
Description of Obligation	1	·1,	<u>",</u>			<u> </u>
First Name	Middle Nan	ne	1		<u> </u>	<u> </u>
Last Name/Business Name			-			
Address			-			
Caty	State	Zip Code				
Description of Obligation		<u> </u>				,
		·-··	· · · · · · · · · · · · · · · · · · ·	<u>.</u>		
TOTALS (Total from Outstanding Balance - (End of Period) or in item 23b. on summary page.)			"	···		